STATE OF CALIFORNIA CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP) COVER SHEET

(REV 11/97)

Please report dollars in thousands

Department of Finance 915 L Street

Sacramento, CA 95814 IMS Mail Code: A-15

COBCP#	PRIO #	RITY	ORG	CODE		DEPARTMEN	IT		
PROJECT TITLE PHASES FUNDED WITH THIS REQUEST:									
PROJECT ID CODE PROJECT CATEGORY			LOCATION			LEGISLATIVE DISTRICTS Congress: Senate: Assembly:			
PROBLEM STA	TEMEN	İΤ							
SUMMARY OF	PROPO	DSAL							
` '					PACT ON STATPLICABLE	TE OPERA	ΓΙΟΝS –	MARK IF	
☐ YES ☐ ONE-TIME COSTS ☐ FUTURE SAVINGS ☐ FUTURE COSTS ☐ REVENUE									
PREPARED BY			D	ATE	RE	VIEWED BY			DATE
DED A DEN AENT	DIDEO	TOD.		A.T.E.	0.0)=NOV 050D5	TAD)/		DATE
DEPARTMENT DIRECTOR				ATE	AC	SENCY SECRE	IARY		DATE
IF PROPOSAL AFFECTS ANOTHER DEPARTMENT, DOES THE OTHER DEPARTMENT CONCUR?									
☐ YES ATTACH COMMENTS OF AFFECTED DEPARTMENT. COMMENTS MUST BE									
NO SIGNED AND DATED BY THE DEPARTMENT DIRECTOR OR DESIGNEE.									
DOF ANALYST USE DOF ISSUE #: POLICY CAT: PROJECT CAT: REQUIRES BUDGET PACKAGE:									
ADDITIONAL REVIEW: SUPPORT BUDGET☐ TIRU☐ FSCU☐ OSAE☐ CALSTARS ☐									

6818 ILLUSTRATION (Cont. 1)

Department of Finance

CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP) 915 L Street PAGE 2 - FISCAL DETAIL Sacramento,

(REV 11/97)

Please report dollars in thousands

915 L Street Sacramento, CA 95814 IMS Mail Code: A-15

COBCP #	DATE	ORG	ORG CODE		PARTMENT	-			
PROJECT ID CODE DGS ES			STIMATE	PROJECT TITLE					
			PRIOR YEARS		BUDGET YEAR	BUDGET YEAR +1	FUTURES YEARS	PROJECT TOTAL	
COSTS							•		
STUDY									
ACQUISITIO									
PRELIMINA									
WORKING I									
TOTAL CON									
EQUIPMENT	PHASE (GR	OUP 2)							
OTHER									
TOTAL	COSTS		\$		\$	\$	\$	\$	
CONSTRUC	TION DETA	JL (1)	<u> </u>			•	'		
CONTRAC		\ /							
CONTINGE	NCY								
A & E									
AGENCY R	ETAINED								
GROUP 2 E									
TOTAL CONSTRUCTION			\$		\$	\$	\$	\$	
FUNDING D	ATA (Chapt	er/Item)	or Executiv	ve O	rder	<u>I</u>			
	(= = 1	,							
FUTURE I	UNDING								
	L FUNDING	6 (2)	\$		\$	\$	\$	\$	
SCHEDULE						COMPLETION DATE MM /DD/ YYYY			
ACQUISIT	ION APPRO	DVAL					/ /		
START PRELIMINARY PLANS							/ /		
	IARY PLAN			1 1					
PROCEE							1 1		
	CT AWARD				1 1				
OTHER (S				1 1					
	COMPLET	ION					/ /		

- (1) Total Construction must tie to the total of the Construction Detail.
- (2) Total Funding must match the Total Cost.

6818 ILLUSTRATION (Cont. 2)
Department of Finance

STATE OF CALIFORNIA
CAPITAL OUTLAY BUDGET CHANGE PROPOSAL (COBCP)
PAGE 3 - SUPPLEMENTAL INFORMATION
(REV 11/97)
Please report dollars in thousands

915 L Street Sacramento, CA 95814 IMS Mail Code: A-15

COBCP#	DATI		ORG CODE	DEPARTMENT				
PROJECT ID CO	OJECT ID CODE			PROJECT TITLE:				
IDENTIFY ALL ITEMS WHICH FIT INTO THE CATEGORIES LISTED BELOW. <u>ATTACH A DETAILED LIST IF FUNDING IS INCLUDED IN THIS REQUEST.</u> PROVIDE ASSUMPTIONS FOR FUTURE FUNDING.								
PROJECT RELATED								
CONSTRUCT	ION D	ETAIL - A	AGENCY RETA	INED				
					TOTAL	•		
CONSTRUCT	ION D	ETAIL - (GROUP 2 EQUI	PMENT	TOTAL	\$		
EQUIPMENT	DHASI		TOTAL	\$				
LQOII WLIVI	IIIAO	L (ONOC	, Z)					
					TOTAL	\$		
IMPACT ON STA	TE OF	PERATIO	NS					
ONE-TIME CO	STS							
FUTURE COS	TS.				TOTAL	\$		
TOTORE OOG	,10							
					TOTAL	\$		
FUTURE SAV	INGS							
REVENUE					TOTAL	\$		
					TOTAL	¢		
					TOTAL	\$		

6818 ILLUSTRATION (Cont. 3)

STATE OF CALIFORNIA CAPITAL OUTLAY BUDGET CHANGE PROPOSAL PAGE 4 - ANALYSIS OF PROBLEM (REV 11/97) Department of Finance 915 L Street Sacramento, CA 95814 IMS Mail Code: A-15

COBCP#	DATE	ORG CODE	DEPARTMENT
PROJECT ID CODE			PROJECT TITLE:

USING THE ATTACHED SHEET, EACH BCP MUST FOLLOW THE FORMAT OUTLINED BELOW AND FULLY ADDRESS ALL OF THE ITEMS. <u>USE ADDITIONAL SHEETS AS NECESSARY</u>. REFER TO SAM SECTION 6818 FOR INSTRUCTIONS ON WHAT INFORMATION TO PROVIDE. CERTAIN PROJECTS MAY REQUIRE ADDITIONAL INFORMATION. QUESTIONS SHOULD BE REFERRED TO DOF.

- A. PURPOSE OF THE PROJECT: (problem, program need, infrastructure deficiency)
- B. RELATIONSHIP TO STRATEGIC PLAN: (relevance of problem/need/deficiency to mission and goals)
- ALTERNATIVES: (for each, describe the proposed alternative and provide a brief summary of scope, cost, funding source, program benefits, facility management benefits, impact on support budget)
- D. RECOMMENDED SOLUTION:
 - 1. Which alternative and why?
 - 2. Detail scope description.
 - 3. Complete description of impact on support budget.
 - 4. Identify and explain any project risks.
 - 5. List required interdepartmental coordination and/or special project approval. (including mandatory reviews and approvals, e.g. technology proposals).

STATE OF CALIFORNIA CAPITAL OUTLAY BUDGET CHANGE PROPOSAL PAGE 4 - ANALYSIS OF PROBLEM (REV 11/97) Department of Finance 915 L Street Sacramento, CA 95814 IMS Mail Code: A-15

COBCP #	DATE	ORG CODE	DEPARTMENT
PROJECT ID CO	DE		PROJECT TITLE:

ANALYSIS NARRATIVE - PAGE _____ OF ____